

EXHIBIT C

GRAND STRAND WATER & SEWER AUTHORITY V.
 OLTRIN SOLUTIONS, LLC, ET AL., ADMINISTRATOR
 PO BOX 990
 SAN RAFAEL CA 94976-0990

**Claim Deadline
 Month DD, 2016**

SETTLEMENT CLASS MEMBER NAME
 ADDRESS1
 ADDRESS2
 CITY STATE ZIP

CLAIM FORM

Settlement Benefits: Each Settlement Class member who submits a valid Claim Form will receive a payment based on the total dollar amount of its direct purchases of Bulk Bleach in North Carolina or South Carolina from Oltrin and JCI Jones for the period March 19, 2010 through March 31, 2013. Because the alleged damage amount used to determine the settlement payment is only a portion of the price paid for Bulk Bleach, you should be aware that your settlement payment will be less than the total amount you paid.

Instructions: Fill out all sections of the Claim Form. Provide any documentation specified below. Sign and date the Form. Mail the Form postmarked by **Month DD, 2016** to: Grand Strand Water & Sewer Authority v. Oltrin Solutions, LLC, et al., Administrator, P.O. Box 990, San Rafael, CA 94976-0990. You should save relevant documents supporting your claim as you may be required to provide them later.

Additional Information: For additional information concerning the settlement and available benefits, please refer to the Notice and Settlement Agreement. If you received this Claim Form by mail, the Notice is included. The Notice, Settlement Agreement and other documents are available upon request by calling (415) 458-2746 or sending an email to classact@gilardi.com.

Questions: If you have questions, call 1-415-458-2746 or send an email to classact@gilardi.com.

SECTION A: CLAIMANT INFORMATION

Claimant Name (As you would like the name to appear on the check, if eligible for payment):

Person the Settlement Administrator may contact regarding this claim:

Contact information: The Settlement Administrator will use this information for all communications relevant to this claim (including the check, if eligible for payment). If this information changes, you must notify the Settlement Administrator in writing.

Street Address:

City:

State/Province:

Zip Code:

Telephone Number:

Email Address:

SETTLEMENT CLASS MEMBER NAME

SECTION B: ELIGIBLE PURCHASES

The Settlement Administrator has been provided records of your eligible purchases of Bulk Bleach, inclusive of any freight charges, from Oltrin and JCI Jones during the relevant period. After reviewing the information shown below, check the appropriate box indicating that you agree or disagree. If you disagree and believe that the information printed below is inaccurate, you must (1) provide the total amount of purchases you wish to claim, and (2) provide documentation with this Claim Form to evidence the claimed amount. Supporting documents may include invoices, purchase orders and/or statements. If you are only challenging the Settlement Administrator's estimate for particular year(s), include a statement identifying the year(s) you wish to challenge and supporting documentation for only the relevant year(s).

	Bulk Bleach Purchases from Oltrin	Bulk Bleach Purchases from JCI Jones
2010 ^(3/19-12/31)		
2011		
2012		
2013 ^(1/1-3/31)		
Total		

Administrator's estimate of Settlement Class Period purchases: \$_____.

I agree with the Settlement Administrator's estimate.

I disagree with the Settlement Administrator's estimate.

(1) My direct purchases of Bulk Bleach from Oltrin and JCI Jones between March 19, 2010 and March 31, 2013 total: _____

Amount Claimed: _____

(2) I have attached documentation to evidence the amount claimed.

SECTION C: CERTIFICATION

I certify under penalty of perjury that:

1. The information provided in this Claim Form is accurate and complete to the best of my knowledge;
2. I agree to provide additional information to the Settlement Administrator to support my claim, if necessary;
3. I (a) am the Settlement Class member listed on this Claim Form, or
 - (b) have the authority to submit this claim for the Settlement Class member listed; or
 - (c) have the authority to submit this claim for an assignee, transferee or successor of a Settlement Class member and have included related documentation;
4. I have not submitted any other claim for the same purchases under this settlement and have not authorized any other person or entity to do so, and know of no other person or entity having done so on my behalf.

Signature

Printed Name

Organization Name

M M D D Y Y

Taxpayer ID/SSN No.

Title (e.g., President, CFO)

Mail Form to: Grand Strand Water & Sewer Authority v. Oltrin Solutions, LLC, et al., Administrator, P.O. Box 990, San Rafael, CA 94976-0990.

QUESTIONS? EMAIL TO CLASSACT@GILARDI.COM OR CALL 1-415-458-2746.